

471-000-532 Nebraska Medicaid Managed Care and Fee-For-Service Care Fee Schedule for Mental Health and Substance Abuse Services

This fee schedule lists the procedure codes and rates for mental health and substance abuse services. Each procedure code is listed with the Medicaid fee schedule allowable for the type of provider. Payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must reflect their charge to the general public.

Procedure Code Descriptions:

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For CPT procedure code descriptions, refer to the most recently published edition of the American Medical Association's Current Procedural Terminology (CPT). CPT procedure code manuals are also available through private vendors.

HCPCS procedure codes are defined by the Centers for Medicare and Medicaid Services (CMS). For HCPCS procedure code definitions, refer to the CMS web site at <http://www.cms.hhs.gov>. HCPCS procedure code manuals are available through private vendors.

NOTE → This appendix includes information for both NMAP and NMMCP codes and rates. NMAP (Nebraska Medical Assistance Program) "Fee-for-Service" (non-managed care) codes and rates are listed on pages 2 – 5. NMMCP (Nebraska Medicaid Managed Care Program) managed care codes and rates are listed on pages 6 – 10.

Providers must be specifically enrolled with Medicaid for each type of service they provide to a Medicaid fee-for-service (NMAP) client.

Providers must be specifically enrolled with Medicaid and credentialed with Magellan for each type of service they provide to a Medicaid managed care (NMMCP) client.

Please call the Nebraska Medicaid Inquiry Line at 1-877-255-3092 (or 471-9128 in Lincoln) with questions about this Fee Schedule.

**FEE FOR SERVICE**

Procedure Code	Provider Type								
	M.D.	PA APRN	Psychologist	Provisional Psychologist	LIMHP/LMHP PLMHP/RN	LADC	CTA 1	CTA 2	Facility, Agency, Program
90801	\$128.99	\$120.83	\$101.23	\$89.80					
90804	\$57.31	\$35.27	\$47.02	\$46.53	\$34.78	\$34.78			
90805	\$58.48	\$40.81							
90806	\$106.13	\$82.54	\$87.46	\$84.51	\$63.87	\$63.87			
90806 ET	\$106.13	\$82.54	\$87.46	\$84.51	\$63.87	\$63.87			
90807	\$109.11	\$71.05							
90808	\$106.92	\$66.19	\$96.73	\$87.82	\$70.00	\$66.19			
90808 ET	\$106.92	\$66.19	\$96.73	\$87.82	\$70.00	\$66.19			
90809	\$111.22	\$96.92							
90817	\$58.48	\$46.30							
90819	\$110.37	\$100.23							
90822	\$133.46	\$123.93							
90846	\$114.28	\$82.35	\$92.43	\$87.39	\$82.35	\$82.35			
90847	\$119.32	\$95.79	\$94.11	\$87.39	\$84.03	\$82.35			
90847 ET	\$119.32	\$95.79	\$94.11	\$87.39	\$84.03	\$82.35			
90853	\$40.09	\$30.14	\$32.56	\$31.65	\$24.12	\$24.12			
90862	\$42.04	\$36.74							
90870	\$54.93								\$108.66
90887	\$27.35	\$16.33	\$22.45	\$16.74	\$16.74	\$16.33			
96101			\$89.15	\$89.15					
96101 52			\$44.09	\$44.09					
99082	\$.45	\$.45	\$.45	\$.45	\$.45	\$.45			
99211	\$30.79	\$27.31							
99212	\$46.22								
99213	\$61.75								
99214	\$85.41								
99215	\$84.32								

## FEE FOR SERVICE

Procedure Code	Provider Type								
	M.D.	PA APRN	Psychologist	Provisional Psychologist	LIMHP/LMHP PLMHP/RN	LADC	CTA 1	CTA 2	Facility, Agency, Program
99221	\$47.03								
99222	\$72.73								
99223	\$88.81								
99231	\$29.07								
99232	\$43.32								
99233	\$51.68								
99241	\$45.60								
99242	\$52.97								
99243	\$86.11								
99244	\$94.70								
99245	\$95.30								
99251	\$48.41								
99252	\$60.19								
99253	\$86.53								
99254	\$101.46								
99255	\$115.52								
G0177 HM								\$26.92	
G0177 HN							\$37.60		
H0001 (age 20 or <)	\$219.13	\$182.61	\$219.13	\$219.13	\$182.61	\$182.61			
H0001 52 (age 20 or <)	\$65.31	\$65.31	\$65.31	\$65.31	\$65.31	\$65.31			
H0002	\$219.13	\$182.61	\$219.13	\$219.13	\$182.61				
H0002 52	\$65.31	\$65.31	\$65.31	\$65.31	\$65.31				
H0017 TG									\$309.58
H0018 TG									\$249.88
H0018 U1									\$170.35
H0031 AH			\$81.33						
H0031 HO					\$78.37*				
H0031 52					\$60.15*				
H1011	\$69.91	\$69.91	\$69.91	\$69.91	\$69.91				

\* LIMHP only

**FEE FOR SERVICE**

Procedure Code	<u>Provider Type</u>							
	M.D.	PA APRN	Psychologist	Provisional Psychologist	LIMHP/LMHP PLMHP/RN	LADC	Days	Facility, Agency, Program
H2012								\$41.68
H2012 52								\$41.68
S5145								\$107.25
S9484 (per hr.)								\$11.08
Inpatient								
Days 1 & 2							Days 1 & 2	\$691.10
Days 3 & 4							Days 3 & 4	\$638.84
Days 5 & 6							Days 5 & 6	\$609.81
Days 7 +							Days 7 +	\$580.77
Subacute								\$507.74

----- **MEDICAID REHAB OPTION (MRO)** -----

H0040								\$44.00
H0040 52								\$41.34
H2016 HE								\$278.32
H2017								\$2.24
H2018								\$53.71
H2018 TG								\$109.86
H2018 HK								\$330.20

**FEE FOR SERVICE INJECTABLE MEDICATIONS**

<b>Procedure Code</b>	<b>Medications</b>	<b>M.D., APRN</b>
C9255	Paliperidone Palmitate 1 mg	Invoice
J0400	Aripiprazole 0.25 mg	\$0.35
J1630	Haloperidol 5 mg.	\$2.25
J1631	Haloperidol Decanoate 50 mg.	\$3.85
J2315	Naltrexone Depot 1 mg.	Invoice
J2680	Fluphenazine Decanoate 25 mg.	\$3.00
J2794	Risperidone, LA 0.5 mg.	Invoice
S0166	Olanzapine 2.5 mg.	\$7.19
96372	Therapeutic Injection	\$13.57

### Medicaid Managed Care Professional Services Rates

**INPATIENT PROFESSIONAL SERVICES: One per authorized IP day when per diem excludes this charge.**

Procedure Code	Physician	PA/APRN	Procedure Code	Physician	PA/APRN
99221 Initial, Low	\$ 47.11	N/B	99251 Hospital Consultation	\$ 48.27	N/B
99222 Initial Moderate	\$ 72.50	N/B	99252 Hospital Consultation	\$ 60.39	N/B
99223 Initial, High	\$ 89.02	N/B	99253 Hospital Consultation	\$ 86.58	N/B
99231 Subsequent, Low	\$ 29.00	N/B	99254 Initial Consultation	\$ 101.97	N/B
99232 Subsequent, Moderate	\$ 43.44	N/B	99255 Initial Consultation	\$ 115.40	N/B
99233 Subsequent, High	\$ 51.62	N/B			

### OUTPATIENT PROFESSIONAL SERVICES

Description	Procedure Code	Physician	Psychologist and Provisional Psychologist	LIMHP/LMHP/PLMHP RN LADC	PA/APRN
Initial Diagnostic Interview	90801	\$ 129.43	\$100.49 ( or \$89.25 Prov)	N/B	\$ 121.51
Initial Diagnostic Interview	H0031 HO	N/B	N/B	\$78.39 (only LIMHP)	N/B
Biopsychosocial Assessment	H0002	\$ 219.17	\$219.17	\$182.65 (NB by LADC)	\$ 182.65
Addendum to Biopsychosocial Assessment	H0002 52	\$ 65.33	\$ 65.33	\$65.33 (NB by LADC)	\$ 65.33
Substance Abuse Assessment (age 20 or <)	H0001	\$ 219.17	\$219.17	\$182.65	\$ 182.65
Addendum to Substance Abuse Assessment (age 20 or <)	H0001 52	\$ 65.33	\$ 65.33	\$65.33	\$ 65.33
Sexual Offending Risk Assessment (age 20 or <)	H2000 SK	\$ 518.11	\$518.11	\$518.11 (NB by LADC)	\$ 518.11
Addendum to SO Risk Assessment (age 20 or <)	H2000 HA	\$ 258.08	\$258.08	\$258.08 (NB by LADC)	\$ 258.08
Individual Psychotherapy	90804	\$ 57.24	\$47.28 (or \$46.59 Prov)	\$ 34.97	\$ 35.50
Individual Psychotherapy - with Medical Management	90805	\$ 58.23	N/B	N/B	\$ 41.07
Individual Psychotherapy	90806	\$ 106.65	\$87.06 (or \$84.07 Prov)	\$64.34 (or \$63.61 LADC)	\$ 82.77
Individual Psychotherapy - Crisis	90806 ET	\$ 106.65	\$87.06 (or \$84.07 Prov)	\$64.34 (or \$63.61 LADC)	\$ 82.77
Individual Psychotherapy	90808	\$ 107.03	\$96.85 (or \$88.08 Prov)	\$70.36 (or \$66.06 LADC)	\$ 66.19
Individual Psychotherapy - Crisis	90808 ET	\$ 107.03	\$96.85 (or \$88.08 Prov)	\$70.36 (or \$66.06 LADC)	\$ 66.19
Oral Interpretation	T1013	\$6.91	\$6.91	\$6.91	\$6.91
Sign Language Interpretation	T1013 SC	\$9.68	\$9.68	\$9.68	\$9.68
CAP Services	H0046	\$ 64.34	\$ 64.34	\$ 64.34	\$ 64.34
Individual Psychotherapy - with Medical Management	90807	\$ 109.23	N/B	N/B	\$ 71.57
Individual Psychotherapy - with Medical Management	90809	\$ 110.50	N/B	N/B	\$ 97.04
Individual Psychotherapy - with Medical Management	90817	\$ 58.33	N/B	N/B	\$ 46.38
Individual Psychotherapy - with Medical Management	90819	\$ 110.77	N/B	N/B	\$ 100.34
Individual Psychotherapy - with Medical Management	90822	\$ 133.03	N/B	N/B	\$ 123.19

**Medicaid Managed Care**

<b>Description</b>	<b>Procedure Code</b>	<b>Physician</b>	<b>Psychologist and Provisional Psychologist</b>	<b>LIMHP/LMHP/PLMHP RN LADC</b>	<b>PA/APRN</b>
Family Psychotherapy w/o Client Present	90846	\$ 114.87	\$ 91.89	\$ 82.65	\$ 82.65
Family Psychotherapy	90847	\$ 119.03	\$93.81 (or \$86.89 Prov)	\$ 83.42 (or \$82.80 LADC)	\$ 96.02
Family Psychotherapy - Crisis	90847 ET	\$ 119.03	\$93.81 (or \$86.89 Prov)	\$ 83.42 (or \$82.80 LADC)	\$ 96.02
Provider Mileage Per Mile	99082	\$ 0.45	\$ 0.45	\$ 0.45	\$ 0.45
Family Assessment	H1011	\$ 69.70	\$ 69.70	\$ 69.70 (NB LADC)	\$ 69.70
Group Psychotherapy	90853	\$ 40.22	\$ 32.45	\$ 24.09	\$ 30.17
Pharmacological Management	90862	\$ 42.13	N/B	N/B	\$ 36.90
Conference re Client Treatment	90887	\$ 27.47	\$ 22.51 (or \$16.92 Prov)	\$16.80	\$ 16.42
Psychological Testing 1 Hour	96101	N/B	\$ 88.80	N/B	N/B
Psychological Testing 1/2 Hour	96101 52	N/B	\$ 44.31	N/B	N/B
Annual Supervision Assessment by Psychologist	H0031 AH	N/B	\$81.44 (NB by Prov)	N/B	N/B
Annual Supervision Assessment by LIMHP	H0031 52	N/B	N/B	\$60.16 (only LIMHP)	N/B
E.C.T. (single seizure)	90870	\$ 55.24	N/B	N/B	N/B
Established Patient Evaluation	99211	\$ 30.73	N/B	N/B	\$ 27.39
Established Patient, Focused	99212	\$ 46.33	N/B	N/B	N/B
Established Patient, Expanded	99213	\$ 61.49	N/B	N/B	N/B
Established Patient Evaluation	99214	\$ 84.80	N/B	N/B	N/B
Established Patient Evaluation	99215	\$ 84.45	N/B	N/B	N/B
Outpatient Consultation, Focused	99241	\$ 45.49	N/B	N/B	N/B
Outpatient Consultation, Expanded	99242	\$ 52.71	N/B	N/B	N/B
Outpatient Consultation, Detailed	99243	\$ 85.81	N/B	N/B	N/B
Outpatient Consultation, Comprehensive	99244, 99245	\$ 94.69	N/B	N/B	N/B
Paliperidone Palmitate 1 mg.	C9255	Invoice	N/B	N/B	Invoice
Aripiprazole 0.25 mg.	J0400	\$0.35	N/B	N/B	\$0.35
Haloperidol 5 mg.	J1630	\$2.25	N/B	N/B	\$2.25
Haloperidol Decanoate 50 mg.	J1631	\$3.85	N/B	N/B	\$3.85
Naltrexone Depot 1 mg.	J2315	Invoice	N/B	N/B	Invoice
Fluphenazine Decanoate 25 mg.	J2680	\$3.00	N/B	N/B	\$3.00
Risperidone, LA 0.5 mg.	J2794	Invoice	N/B	N/B	Invoice
Olanzapine 2.5 mg.	S0166	\$7.19	N/B	N/B	\$7.19
Therapeutic Injection	96372	\$13.57	N/B	N/B	\$13.57

**NOTES**

1. Discipline levels will vary from state to state. N/B indicates a non-billable service for this discipline level.
2. Reimbursement is based on clinician's licensure (discipline level), not their academic credentials.
3. This reimbursement schedule represents the most frequently utilized CPT codes for professional services.
4. Rates for all services are subject to the provisions and limitations of the members benefit plan including authorization requirements.  
Nothing in this schedule should be construed as altering member benefits.
5. Nurses may only provide services and bill codes as allowed within their scope of practice based on their professional training and state licensure.
6. If a provider submits a claim for Medically Necessary Covered Services for an amount less than the applicable rate set forth in this Agreement, Provider will be paid the lesser of the billed amount or the rate set forth in this agreement.

**MEDICAID MANAGED CARE FACILITY RATES**

SERVICE	CODE	Unit	Hospital Rate	Non Hospital Rate
<b>Inpatient Hospitalization</b>				
Days 1 & 2		Per Diem	\$ 691.10	\$ -
Days 3 & 4		Per Diem	\$ 638.84	\$ -
Days 5 & 6		Per Diem	\$ 609.81	\$ -
Days 7 +		Per Diem	\$ 580.77	\$ -
			\$ -	\$ -
<b>Subacute Hospitalization</b>		Per Diem	\$ 507.74	\$ -
			\$ -	\$ -
<b>Outpatient Hospital ECT</b>	90870		\$ 108.93	\$ -
			\$ -	\$ -
<b>Residential Treatment</b>	H0018 TG = Non Hosp		\$ -	\$ -
	H0017 TG = Hosp			
Days 1 - 90		Per Diem	\$ 311.43	\$ 249.65
Days 91 - 180		Per Diem	\$ 300.32	\$ 237.76
Days 181 - 270		Per Diem	\$ 289.20	\$ 226.71
Days 271 +		Per Diem	\$ 278.08	\$ 221.18
<b>Treatment Foster Care</b>	S5145	Per Diem	\$ -	\$ 107.09
			\$ -	\$ -
<b>Enhanced Treatment Group Home</b>	H0018 TF	Per Diem	\$ -	\$ 215.70
			\$ -	\$ -
<b>Treatment Group Home</b>	H0018 U1	Per Diem	\$ -	\$ 170.07
			\$ -	\$ -
<b>Partial Hospitalization (Minimum of 6 Hours)</b>	H2012	Per Hour	\$ 41.87	\$ -
			\$ -	\$ -
<b>Partial Hospitalization (3 to 6 Hours)</b>	H2012 52	Per Hour	\$ 41.87	\$ -
			\$ -	\$ -
<b>Day Treatment (Minimum of 3 Hours)</b>	H2012 52	Per Hour	\$ -	\$ 41.62
			\$ -	\$ -
<b>Intensive Outpatient - Psych. (Minimum of 3 Hours)</b>	S9480	Per Diem	\$ -	\$ 99.86
			\$ -	\$ -
<b>23:59 Hours Holding/Observation Bed</b>	S9484		\$ -	\$ -
Hours 1 through 8		Per Hour	\$ 33.90	\$ -
Hours 9 through 16		Per Hour	\$ 27.15	\$ -
Hours 17 through 23:59		Per Hour	\$ 6.75	\$ -
			\$ -	\$ -
<b>Community Treatment Aid</b>	G0177 HN	Per Hour	\$ -	\$ 37.50
			\$ -	\$ -
<b>Continuing Community Treatment Aid</b>	G0177 52	Per Hour	\$ -	\$ 26.54



**Medicaid Managed Care Adult Substance Abuse Rates**

SERVICE	LEVEL	CODE	UNIT	PhD.	PA & APRN	LIMHP LMHP PLMHP RN	LADC PLADC	FACILITY
<b>Substance Abuse Assessment</b>		H0001	one	\$219.17	\$182.65	\$182.65 (NB RN)	\$182.65 (NB PLADC)	
Assessment Addendum		H0001 52	one	\$ 65.33	\$ 65.33	\$ 65.33 (NB RN)	\$ 65.33 (NB PLADC)	
<b>Outpatient</b>	<b>I</b>							
Community Support		H2016 HF	1 month					\$ 228.56
Group Therapy		H0005	1 session	\$ 33.20	\$ 24.91	\$ 24.91	\$ 24.91	
Family Therapy with client		90847 HF	1 session	\$ 93.83	\$ 90.80	\$ 83.44	\$ 82.82	
				\$ 92.16 *				
Family Therapy w/o client		90846 HF	1 session	\$ 91.91	\$ 82.67	\$ 82.67	\$ 82.67	
Individual Therapy		90806 HF	45-50"	\$ 87.08	\$ 82.79	\$ 64.36	\$ 63.63	
				\$ 84.09 *				
<b>Intensive Outpatient</b>	<b>II.1</b>							
IOP Dual Diagnosis Capable		H0015	1 hour					\$ 26.89
<b>Partial Hospitalization</b>	<b>II.5</b>							
Partial Care Dual Diagnosis Capable		H0035	1 day					\$ 71.76
<b>Clinically Managed Low Intensity Residential Treatment</b>	<b>III.1</b>							
Halfway House Dual Diagnosis Capable		H2034	1 day					\$ 62.34
<b>Clinically Managed Medium Intensity Residential Treatment</b>	<b>III.3</b>							
Intermediate Residential Dual Diagnosis Capable		H0019	1 day					\$ 150.81
Therapeutic Community Dual Diagnosis Capable		H0019 TT	1 day					\$ 135.68
<b>Clinically Managed High Intensity Residential Treatment</b>	<b>III.5</b>							
Short Term Residential Dual Diagnosis Capable		H0018 HF	1 day					\$ 183.34
Residential Treatment Dual Diagnosis Enhanced		H0018 HH	1 day					\$ 209.19
<b>Ambulatory Detoxification with Extended On-Site Monitoring</b>	<b>II-D</b>	H0014	1 day					\$ 119.92
<b>Clinically Managed Residential Social Detoxification</b>	<b>III.2-D</b>	H0012	1 day					\$ 169.70

(\*) Provisional PhD. Rate

**Medicaid Managed Care MRO Rates**

Procedure Code	Name of Service	Unit	Rate	Billing Notes
H2016 HE	Community Support-Psych	Month	\$ 278.66	Must use HE modifier
H0040	ACT (Assertive Community Treatment)	Day	\$ 44.01	
H0040 52	Alternative ACT	Day	\$ 41.37	Must use 52 modifier
H2017	Day Rehab, Half-day	15 min.	\$ 2.24	Must bill 12 units (3 hours)
H2018	Day Rehab, Full-day	Day	\$ 53.78	
H2018 TG	Residential Rehab	Day	\$ 110.00	Must use TG modifier
H2018 HK	Secure Residential Rehab	Day	\$333.20	Must use HK modifier

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